

November 2024

Dear Reader.

Thank you for your interest in learning about Co-Impact's work. We're pleased to share our 2023 tax return on Form 990 via our website (www.co-impact.org) and on other platforms such as Guidestar/Candid.org.

Co-Impact is a global organization, working to improve the lives of millions of people in Africa, Asia, and Latin America through just and inclusive systems change. We do this by raising funds from funding partners around the world and then sourcing and awarding grants to program partners (our grantees) and providing them additional support beyond grant funds, including organizational strengthening and support for learning, measurement, and evaluation. We look to ensure that the organizations leading the initiatives we are supporting are rooted in the Global South, proximate to the work.

To facilitate our global grantmaking, we are incorporated as a nonprofit organization in the U.S. and are a registered 501(c)(3) public charity. We have staff in 8 countries – Brazil, India, Kenya, Mexico, the Netherlands, Switzerland, the U.K., and the U.S. – to enable us to be proximate to our current and prospective program partners and funding partners.

For our global partners and other interested individuals who may not be familiar with U.S. public charity reporting requirements, we offer the following notes to help provide context to the Form 990:

- This is a prescribed format that is used for all public charities in the U.S. that are required to file annually, including grantmaking organizations such as Co-Impact as well as direct service organizations, advocacy organizations, and others.
- The grants we have awarded are shown in the 990 in two schedules, per the requirements of the form, as grants to U.S. entities or grants to organizations outside the U.S. While the work we fund is supporting efforts to benefit people and communities in the Global South or globally, some of our grants are to U.S. entities that are partnering with Global South-based lead organizations or that were set up to enable them to raise funds in the U.S.

We encourage all readers of the 990, which doesn't paint a fully comprehensive picture of our organization, to review our website for further context on our work, including how we source and award grants and support our program partners.

Regards,

Pam Foster

Chief Operating Officer

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| A F | or the | 2023 calendar year, or tax year beginning | and | ending | | | |
|---------------|--------------------------|--|--------------------------------------|---------------|-----------------------------|---------------|------------------------------------|
| | heck if pplicable | C Name of organization | | | D Employer id | entific | eation number |
| Х | Addres | co-impact philanthropic funds, in | c. | | | | |
| | Name change | Doing business as | | | 88-2408 | 8684 | |
| | Initial return | Number and street (or P.0. box if mail is not del | ivered to street address) | Room/suite | E Telephone ni | umber | |
| | Final return/ | 1178 BROADWAY, 3RD FLOOR #144 | | | 919-792- | 8940 | |
| | termin ated | 1-4 | ZIP or foreign postal code | | G Gross receipts \$ | | 360,064,037. |
| | Ameno | NEW TORK, NI 10001 | | | H(a) Is this a gro | oup re | |
| | Applic tion pendir | F Name and address of principal officer: Vicini | Y HAWK | | for subordi | | |
| | | SAME AS C ABOVE | | | H(b) Are all subordi | | |
| | | empt status: X 501(c)(3) 501(c) () | (insert no.) 4947(a)(1) | or 527 | 7 | | list. See instructions |
| | Vebsit | | ossistian Dahan | T | H(c) Group exer | | |
| | | organization: X Corporation Trust As Summary | sociation Other | L Year | of formation: 2022 | 2 M | State of legal domicile: DE |
| | _ | Briefly describe the organization's mission or most | significant activities: PHILAN | THROPIC | COLLABORATIVE | | |
| Se | | FOCUSED ON IMPROVING LIVES THROUGH JUST | | | | | |
| Governance | | | ntinued its operations or dispos | | than 25% of its n | et ass | ets |
| Ver | | Number of voting members of the governing body | | | | 3 | 7 |
| ဗိ | I | Number of independent voting members of the gov | | | | $\overline{}$ | 7 |
| ∞ ∨ | | Total number of individuals employed in calendar y | | | | 5 | 39 |
| Activities & | | Total number of volunteers (estimate if necessary) | | | | 6 | 7 |
| cţi | | Total unrelated business revenue from Part VIII, col | | | | 7a | 0. |
| ⋖ | | Net unrelated business taxable income from Form | | | | 7b | 0. |
| | | | | | Prior Year | | Current Year |
| Φ | 8 | Contributions and grants (Part VIII, line 1h) | | | 75,000, | 000. | 354,033,218. |
| ž | 9 | Program service revenue (Part VIII, line 2g) | | | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, | and 7d) | | | 0. | 6,030,819. |
| E | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | 9c, 10c, and 11e) | | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal | | | 75,000, | | 360,064,037. |
| | l | Grants and similar amounts paid (Part IX, column (| | | 45,738, | | 64,160,621. |
| | I | Benefits paid to or for members (Part IX, column (A | | | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (F | | | | 0. | 5,713,409. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), li | | | | 0. | 0. |
| Ϋ́ | _b | Total fundraising expenses (Part IX, column (D), line | - | | 219, | 214 | 3 960 737 |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, | | | 45,957, | | 3,960,737. 73,834,767. |
| | I | Total expenses. Add lines 13-17 (must equal Part I) | | | 29,042, | _ | 286,229,270. |
| | 19 | Revenue less expenses. Subtract line 18 from line | 12 | B | eginning of Current | - | End of Year |
| ets c | 20 | Total assets (Part X, line 16) | | | 31,800, | | 318,248,255. |
| ASS | 21 | Total liabilities (Part X, line 76) | | | 2,758,3 | | 8,720,974. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 29,042, | | 309,527,281. |
| Pa | rt II | Signature Block | ···· | | · · · | | · · · |
| Und | er pena | Ities of perjury, I declare that I have examined this return, | including accompanying schedules | s and statem | ents, and to the best | t of my | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than office | r) is based on all information of wh | nich preparer | has any knowledge. | | |
| | | | | | | | |
| Sigi | n | Signature of officer | | | Date | | |
| Her | е | VICKY HAWK, CHIEF FINANCIAL OFFICER/TH | REASURER | | | | |
| | | Type or print name and title | | | Data I | | T DTIN |
| | | Print/Type preparer's name | Preparer's signature | | if | ieck | PTIN |
| Paid | | SCOTT THOMPSETT | Seth Shargett | | | lf-employe | |
| - | arer | Firm's name GRANT THORNTON ADVISORS LI | | | Firm's EI | IN S | 99-1856619 |
| use | Only | Firm's address 757 THIRD AVENUE, 3RD FLOO | λK | | | . / 211 | 0) 500 0100 |
| | | NEW YORK, NY 10017-2013 | and Constitution | | Phone no | 0.(212 | 2) 599-0100 |
| | | RS discuss this return with the preparer shown about about the separ. Paperwork Reduction Act Notice, see the separ. | | | | | X Yes No Form 990 (2023) |
| | \ rof | rapel work neuticilori act Notice. See tile Separ | ate instructions. 332001 1 | Z-Z I-Z3 | | | FUITH 330 (2023) |

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-2408684 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O TCLF 5 COMMERCE RD UNIT 3051 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTOWN, CT 06470 Enter the Return Code for the return that this application is for (file a separate application for each return) 0.1 Return | Application Is For Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of VICKY HAWK C/O TCLF 5 COMMERCE RD UNIT 3051 - NEWTOWN, CT 06470 Telephone No. 919-792-8940 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or ____ , 20 _____ , and ending _ tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

| Pa | t III Statement of Program Service Accomplishments | |
|----|--|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | SEE SCHEDULE O | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e | expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 47,269,558. including grants of \$ 43,210,017.) (Revenue \$ | <u> </u> |
| | OUR FOUNDATIONAL FUND, WHICH POOLS FUNDING FROM A GLOBALLY DIVERSE | |
| | GROUP OF FUNDING PARTNERS, IS FOCUSED ON SUPPORTING ORGANIZATIONS TO | |
| | ACHIEVE PEOPLE-LEVEL AND SYSTEMS-LEVEL OUTCOMES IN THE SECTORS OF | |
| | HEALTH, EDUCATION, AND ECONOMIC OPPORTUNITY. THROUGH THIS FUND, WE | |
| | AWARD LONG-TERM, FLEXIBLE GRANTS TO ORGANIZATIONS ACROSS AFRICA, ASIA, | |
| | AND LATIN AMERICA THAT ARE WORKING WITH POWERFUL COALITIONS, OFTEN | |
| | INCLUDING LOCAL AND NATIONAL GOVERNMENT ACTORS, TO EFFECT LARGE-SCALE | |
| | CHANGE; WE AWARDED EIGHT GRANTS IN 2023 AND ARE SUPPORTING OVER 20 | |
| | INITIATIVES OVERALL. IN ADDITION TO PROVIDING GRANT FUNDING, CO-IMPACT | |
| | ALSO PROVIDES NON-GRANT SUPPORT TO THE ORGANIZATIONS WE ARE FUNDING, | |
| | INCLUDING SUPPORTING ORGANIZATIONAL STRENGTHENING EFFORTS. | |
| | | |
| 4b | (Code:) (Expenses \$ 21,314,383. including grants of \$ 20,950,604.) (Revenue \$ | 0.) |
| | OUR GENDER FUND, WHICH POOLS FUNDING FROM A GLOBALLY DIVERSE GROUP OF | |
| | FUNDING PARTNERS, IS FOCUSED ON TRANSFORMATIVE SYSTEMS CHANGE, | |
| | ACHIEVING PEOPLE-LEVEL AND SYSTEMS-LEVEL OUTCOMES, WITH AN EMPHASIS ON | |
| | ELEVATING WOMEN'S POWER, AGENCY, AND LEADERSHIP AT ALL LEVELS. THROUGH | |
| | THIS FUND, WE AWARD FLEXIBLE GRANTS TO ORGANIZATIONS ACROSS AFRICA, | |
| | ASIA, AND LATIN AMERICA; WE AWARDED 40 GRANTS IN 2023 AND ARE | |
| | SUPPORTING OVER 85 INITIATIVES OVERALL. OUR GRANT RECIPIENTS ARE | |
| | WORKING WITH POWERFUL COALITIONS TO EFFECT CHANGE IN SUCH AREAS AS | |
| | EARLY CHILDHOOD DEVELOPMENT, SOCIAL-EMOTIONAL LEARNING, CARE ECONOMY, | |
| | MATERNAL HEALTH, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, LAND RIGHTS | |
| | AND NATURAL RESOURCE MANAGEMENT, AND WOMEN'S LEADERSHIP. IN ADDITION TO | |
| | PROVIDING GRANT FUNDING, (SEE SCHEDULE O) | |
| 4c | (Code:) (Expenses \$ |) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 68,583,941. | • |
| | · · · · · · · · · · · · · · · · · · · | Form 990 (2023) |

88-2408684

Form 990 (2023) CO-IMPACT PHILANTE Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|------|------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Λ | |
| 1Za | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 12a | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | - 21 | |
| b | | 12b | | x |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | . 14 | | |
| ~ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | X | l |

| | 990 (2023) CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-2408 | 584 | Р | age 4 |
|----------|--|---------|-------|-------------|
| Pai | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| L | Schedule K. If "No," go to line 25a | 24a | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | - |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | - |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | · | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N. Part I</i> | | | х |
| 32 | Did the organization required, terminate, or dissolve and cease operations: If Yes, complete schedule N, Part I | · 31 | | |
| JZ | • | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | | 22 | | x |
| 0.4 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ., |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | . 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | <u> </u> |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | T | Ш |
| | | | Yes | No |
| | Enter the flumber reported in box 6 of 1 offir 1000. Enter 6 in not applicable | 21 | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

332004 12-21-23

(gambling) winnings to prize winners?

Form **990** (2023)

| | CO TWO OF PULL NATIONAL TWO | . 4 | | _ |
|----|---|-----|-----|--------------|
| | 990 (2023) CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-240868 † V Statements Regarding Other IRS Filings and Tax Compliance (continued) | , 4 | P | age 5 |
| Га | Statements negaring Other in S Fillings and Tax Compliance (continued) | | T | Г |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 39 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | L' | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |

Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

Form **990** (2023)

Х

9b

14a

14b

15

16

10

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(7) organizations. Enter:

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|----------|--|--------------|---------------------|--------|--------|---------|-----|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | ı | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 7 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | - 1 | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | - 1 | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | any other | \neg | | | |
| _ | officer, director, trustee, or key employee? | | | - 1 | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | ∵ | | | |
| 3 | of officers disable that have been also as a large state of the same of the sa | | | | 2 | | x |
| | | | | т г | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | is filed? | ⊦ | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's associated as a significant diversion of the organization of the or | ets'? | | ├ | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | |
| | more members of the governing body? | | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste | ockho | olders, or | | | | |
| | persons other than the governing body? | | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | ſ | | | |
| а | The governing body? | - | = | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | - 1 | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | ¨ | | | |
| _ | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | | | | |
| | This Section B requests information about policies not required by the internal nei | <u>venue</u> | : Code.) | | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | | ٢ | 10a | 103 | X |
| | | | | ። | IUa | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such change beginning to appropriate and procedures governing the activities of such change beginning to approximate the procedure of the procedure | | | | 10h | | |
| 44- | · · · · · · · · · · · · · · · · · · · | | | т г | 10b | х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | belo | re illing the form? | - 1 | 11a | Λ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | 77 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | - 1 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | ├ | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ | es," a | describe | | | | |
| | on Schedule O how this was done | | | . | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by in | dependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | [| 15a | Х | |
| b | Other officers or key employees of the organization | | | [| 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | nent w | vith a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | Ī | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi | ization | n's | | | | |
| | exempt status with respect to such arrangements? | | | [| 16b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedDE,NY | | | _ | _ | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | nd 990 | D-T (section 501(c) | (3)s | only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | . , | | • • | | |
| | X Own website Another's website X Upon request Other (explain | on S | chedule (1) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, coi | | | and | financ | cial | |
| | statements available to the public during the tax year. | | sc. cor policy, | J. 10 | α. | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ke an | d records | | | | |
| 20 | VICKY HAWK - 919-792-8940 | no air | a records | | | | |
| | 1178 BROADWAY, 3RD FLOOR #144, NEW YORK, NY 10001 | | | | | | |
| | 11.0 Ending II, SED LEGGE "111, HER TORK, HI 10001 | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) | (B) |] | | | C) | | | (D) | (E) | (F) |
|--------------------------------------|-----------------------|-------------------------------|----------------------|----------|--------------|---------------------------------|----------|------------------------------|-----------------|------------------------------|
| Name and title | Average | (-1- | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours per | box | not c , unle: | ss per | rson is | s both | n an | compensation | compensation | amount of |
| | week | | cer ar | nd a di | irecto | r/trus | tee) | from | from related | other |
| | (list any | ndividual trustee or director | | | | | | the | organizations | compensation |
| | hours for | or di | 99 | | | sated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ruste | l trus | | ee ee | ubeu | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | dual t | nstitutional trustee | _ | Key employee | st cor | <u></u> | 1000 (120) | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Former | | | |
| (1) OLIVIA LELAND - FOUNDER & | 40.00 | | | | | | | | | |
| CEO & BOARD MEMBER (NON-VOTING) | 0.00 | Х | | Х | | | | 499,658. | 0. | 47,546. |
| (2) PAMELA FOSTER | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER/SECRETARY | 0.00 | | | Х | | | | 394,391. | 0. | 70,368. |
| (3) RAKESH RAJANI | 40.00 | | | | | | | | | |
| VP, PROGRAMS (THRU 08/2023) | 0.00 | | | | | Х | | 310,747. | 0. | 45,814. |
| (4) ANNA-MARIE HARLING - MANAGING | 40.00 | | | | | | | | | |
| DIRECTOR, PHILANTHROPIC COLLAB. | 0.00 | | | | | Х | | 257,713. | 0. | 42,687. |
| (5) VARJA LIPOVSEK | 40.00 | | | | | | | | | |
| DIR., LEARNING, MEAS. & EVAL. | 0.00 | | | | | Х | | 215,520. | 0. | 70,453. |
| (6) YASMIN MADAN - DIRECTOR & | 40.00 | | | | | | | | | |
| US LEAD, PHILANTHROPIC COLLABORATION | 0.00 | | | | | Х | | 200,850. | 0. | 40,676. |
| (7) ABRAHAM GRINDLE | 40.00 | | | | | | | | | |
| DIRECTOR, PROGRAMS | 0.00 | | | | | Х | | 201,116. | 0. | 40,240. |
| (8) VICKY HAWK | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER/TREASURER | 0.00 | | | Х | | | | 185,128. | 0. | 45,830. |
| (9) MARY WANDIA WANJIRU | 40.00 | | | | | | | | | |
| REGIONAL DIRECTOR, AFRICA | 0.00 | | | | Х | | | 200,476. | 0. | 28,734. |
| (10) MARIA ALFONSINA PENALOZA - DIR. | 40.00 | | | | | | | | | |
| PROGRAMS, LATIN AMERICA & GLOBAL | 0.00 | | | | Х | | | 197,991. | 0. | 24,294. |
| (11) TSITSI MASIYIWA | 1.00 | | | | | | | | | |
| BOARD CHAIR | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (12) PATTY STONESIFER - BOARD | 1.00 | | | | | | | _ | _ | _ |
| MEMBER/VICE-CHAIR (AS OF 05/2023) | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (13) LAURA GARCIA | 1.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | 0.00 | Х | _ | | | | | 0. | 0. | 0. |
| (14) GARGEE GHOSH | 1.00 | | | | | | | | | |
| BOARD MEMBER (THRU 12/31/2023) | 0.00 | Х | | | | _ | | 0. | 0. | 0. |
| (15) MARYANA ISKANDER | 1.00 | | | | | | | | • | |
| BOARD MEMBER | 0.00 | Х | - | | _ | _ | | 0. | 0. | 0. |
| (16) INGRID SRINATH | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | 0.00 | Х | - | - | _ | _ | | 0. | 0. | 0. |
| (17) NICOLA FORREST AO | 1.00 | | | | | | | | ^ | _ |
| BOARD MEMBER (AS OF 05/2023) | 0.00 | Х | | <u> </u> | <u> </u> | | <u> </u> | 0. | 0. | 0. Form 990 (2022) |

332007 12-21-23

Form **990** (2023)

| Form 990 (2023) CO-IMPACT PH | ILANTHROPIC | FU | NDS | , II | NC. | | | | 88-240868 | 4 Page 8 |
|---|--|-----------------|-----------------------|----------------|-------|------------------------------|-------------|---|---|---|
| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloye | ees, | and | ΙΗiς | ghes | t Co | ompensated Employee | s (continued) | |
| (A) Name and title | (B) Average hours per week | (do box, | | Posi neck r | ition | l than o | one i an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer | | Highest compensated employee | , | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 2,663,590. | 0. | 456,642. |
| c Total from continuation sheets to Part V | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,663,590. | 0. | 456,642. |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

29

| | | | | 140 |
|---|--|----|---|-----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3_ | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Yes." complete Schedule J for such person | 5 | Х | |
| _ | | | | |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|---|--|--------------|
| Name and business address | Description of services | Compensation |
| MA KRIZNA GOMEZ, 6 WILLEM LODEWIJKHOT, | ADVISORY AND FACILITATION | |
| ALKMAAR NH, NETHERLANDS NH1814 | SERVICES | 418,899. |
| THE CAMPBELL LAW FIRM | | |
| 5 COMMERCE RD UNIT 3051, NEWTOWN, CT 06470 | LEGAL SERVICES | 336,000. |
| GISLAINE NGUEMMOE NGOUNOU | | |
| 52 ADDISON POND RD, GLASTONBURY, CT 06033 | CONSULTING SERVICES | 128,532. |
| JEDI AZANIA AKATSA BUKACHI | | |
| 125 HIBISCUS DRIVE, NAIROBI, KENYA | CONSULTING SERVICES | 116,282. |
| VENTUCOM LLC, 275 WEST 39TH ST, 4TH FL., | | |
| NEW YORK, NY 10018 | IT SERVICES | 106,174. |
| 2 Total number of independent contractors (including but not limited to | those listed above) who received more than | |
| \$100,000 of compensation from the organization | 5 | |
| | <u> </u> | = 000 (assa) |

Form **990** (2023)

Form 990 (2023) CO-IMPACT :
Part VIII Statement of Revenue

| | | | Check if Schedule O contains a | a response o | or note to anv lin | e in this Part VIII | | | |
|--|----|---|---|--------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 | _ | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues | | | | | | |
| S S | | | Fundraising events | | | | | | |
| fts, | | | Related organizations | | | | | | |
| ية إق | | | | 1e | | | | | |
| ons, | | | Government grants (contributions) | | | | | | |
| utic | | T | All other contributions, gifts, grants, an | | 354 033 219 | | | | |
| ë | | | similar amounts not included above | | 354,033,218. | | | | |
| o d | | _ | Noncash contributions included in lines 1a-1f | 1g \$ | | 354,033,218. | | | |
| Oa | | n | Total. Add lines 1a-1f | | Business Code | 334,033,210. | | | |
| | | | | | Business Code | | | | |
| <u>ic</u> e | 2 | а | | | | | | | |
| erv | | b | | | | | | | |
| n S | | С | | | | | | | |
| ran 3ev | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| Δ | | | All other program service revenue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including divid | ends, intere | st, and | | | | |
| | | | other similar amounts) | | | 6,030,819. | | | 6,030,819. |
| | 4 | | Income from investment of tax-exe | mpt bond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | b | Less: rental expenses 6b | | | | | | |
| | | С | Rental income or (loss) 6c | | | | | | |
| | | d | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of (i) | Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| e | | | and sales expenses | | | | | | |
| en | | С | Gain or (loss) 7c | | | | | | |
| Re | | | Net gain or (loss) | | | | | | |
| her Revenue | 8 | | Gross income from fundraising events | I . | | | | | |
| ŏ | | | including \$ | of | | | | | |
| | | | contributions reported on line 1c). | See | | | | | |
| | | | Part IV, line 18 | | | | | | |
| | | b | Less: direct expenses | 8b | | | | | |
| | | С | Net income or (loss) from fundraising | ng events | | | | | |
| | 9 | а | Gross income from gaming activities | I . | | | | | |
| | | | Part IV, line 19 | 9a | | | | | |
| | | b | Less: direct expenses | 9b | | | | | |
| | | С | Net income or (loss) from gaming a | ctivities | | | | | |
| | 10 | а | Gross sales of inventory, less return | ns | | | | | |
| | | | and allowances | 10a | | | | | |
| | | b | Less: cost of goods sold | 10b | | | | | |
| | | | Net income or (loss) from sales of in | | | | | | |
| ,, | | | | | Business Code | | | | |
| šno e | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| eve | | С | | | | | | | |
| lisc B. | | d | All other revenue | | | | | | |
| 2 | _ | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 360,064,037. | 0. | 0. | 6,030,819. |

88 - 2408684

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|-----------------|--|--|--------------------------|---------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 40,982,623. | 40,982,623. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 23,177,998. | 23,177,998. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 3,136,587. | 1,409,896. | 1,631,655. | 95,036 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,576,822. | 1,004,809. | 1,480,350. | 91,663 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 2-2 | | | |
| b | Legal | 359,655. | | 359,655. | |
| С | Accounting | 162,749. | | 162,749. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 0 000 454 | 1 500 222 | 404 216 | 2 005 |
| | column (A), amount, list line 11g expenses on Sch 0.) | 2,008,474. | 1,520,333. | 484,316. | 3,825 |
| 12 | Advertising and promotion | 75 000 | 10 270 | CF C10 | |
| 13 | Office expenses | 75,898. 475,711. | 10,279. | 65,619. | |
| 14 | Information technology | 4/5,/11. | 2,300. | 473,411. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 650,383. | 341,330. | 309,053. | |
| 17 | Travel | 030,303. | 341,330. | 309,033. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | | | | |
| 22 23 | | 93,494. | | 93,494. | |
| 23 24 | Other expenses. Itemize expenses not covered | 23,222 | | 20,131, | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | DESIGN WORKSHOP | 105,198. | 105,198. | | |
| a b | MEMBERSHIP DUES | 26,677. | 26,677. | | |
| C | | , | , | | |
| d | | | | | |
| e | All other expenses | 2,498. | 2,498. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 73,834,767. | 68,583,941. | 5,060,302. | 190,524 |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | , -, -, -, -, -, -, -, -, -, -, -, -, -, | , , , , , , , , , , , | , , , , , , , , | , , , , , , , , , , , , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2023)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 19,753,468. 209,878,280. 2 Savings and temporary cash investments 107,770,528. 12,000,000. 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 47,037. Prepaid expenses and deferred charges 9 597,341. **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 2,106. Other assets. See Part IV, line 11 15 15 31,800,505. 318,248,255. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,297,210. 358,099. Accounts payable and accrued expenses 17 17 1,460,944. 6,712,875. 18 18 Grants payable 1,650,000. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 2,758,154. 8,720,974. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,897,889. 27 Net assets without donor restrictions 27 29,042,351. Net assets with donor restrictions 307,629,392. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 309,527,281. Total net assets or fund balances 29,042,351. 32 32 31,800,505. 318,248,255. Total liabilities and net assets/fund balances 33

Form 990 (2023)

| Pa | T XI Reconciliation of Net Assets | | | | |
|----|---|----------|------|-------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 360 | ,064, | 037. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 73 | ,834, | 767. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 286 | ,229, | 270. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 29 | ,042, | 351. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -5 | ,744, | 340. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 309 | ,527, | 281. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2023) |

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

| | | CO-IMP | ACT PHILANTHROP | IC FUNDS, INC. | | | | | 88-2408684 |
|-----|------------|--|---------------------------------------|--|----------------------------|-----------------|------------------|------------------------|----------------------------|
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | |
| The | organ | ization is not a private found | | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(| 1)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 | (b)(1)(A)(i | ii). | | |
| 4 | | A medical research organiz | ation operated in cor | njunction with a hospital | described | in section | n 170(b)(1)(A) | (iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operate | ed by a go | vernmental ur | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local government | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that norma | lly receives a substar | ntial part of its support fr | om a gove | ernmental | unit or from th | e general _l | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | t II.) | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | unction with a | land-grant | college |
| | | or university or a non-land-g | grant college of agrice | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membershi | p fees, an | d gross receipts from |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom gross investment |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | after June 30, 1975. |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | ively to test for public saf | ety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | • | • | - | | | - | |
| | | more publicly supported or | ~ | | | | | | Check the box on |
| | _ | lines 12a through 12d that | * * | | | | | - | |
| a | ı <u>L</u> | | · · · · · · · · · · · · · · · · · · · | | • | - | | | |
| | | the supported organization | | | majority o | of the direc | ctors or trustee | es of the su | upporting |
| | | organization. You must o | | | | | | | |
| t |) [| | • | | | | - | | - |
| | | control or management o | | | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| | | organization(s). You mus | | | | | 6 | | J 245 |
| • | ; | | - | | | | | y integrate | ed with, |
| _ | . — | its supported organization | | · | | | | | |
| C | ' | | | | | | | - | |
| | | that is not functionally int requirement (see instruction | • | • , | • | | • | an attentiv | /eriess |
| , | | Check this box if the orga | • | • | • | | | I Type III | |
| 6 | , L | functionally integrated, or | | | | | Type I, Type I | i, type iii | |
| 1 | Ente | er the number of supported o | | many integrated supporting | ig organiz | ation. | | | |
| | | vide the following information | • | | | | | | |
| _ | | (i) Name of supported | (ii) EIN | (iii) Type of organization | | nization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see in | structions) | support (see instructions) |
| | | | | above (see monderatione)) | | | | | |
| | | | | | | | | | |
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| Tot | al | | | | | | <u> </u> | | |

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|--------------------|---------------------|----------------------|-----------------|---|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | 75,000,000. | 354,033,218. | 429,033,218. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | 75,000,000. | 354,033,218. | 429,033,218. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 45,493,595. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 383,539,623. |
| | ction B. Total Support | | | | | | , , - |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | (=, = = : = | (/ | (-, | 75,000,000. | 354,033,218. | 429,033,218. |
| | Gross income from interest, | | | | 1 ' ' | , , | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | 6,030,819. | 6,030,819. |
| ۵ | Net income from unrelated business | | | | | 7 1 1 1 7 1 2 3 | . , , , , , , , , , , , , , , , , , , , |
| 3 | activities, whether or not the | | | | | | |
| | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part VI.) | | | | | | 435,064,037. |
| | Total support. Add lines 7 through 10 | ata (aga inaturatia | | | | 12 | 433,004,037. |
| | Gross receipts from related activities, | • | | | | | |
| 13 | First 5 years. If the Form 990 is for the | - | | | - | | Х |
| S_ | organization, check this box and stop ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | acluma (f)) | | 14 | 0.4 |
| | | | | | | 15 | <u>%</u> % |
| | Public support percentage from 2022 33 1/3% support test - 2023. If the | | | | | | |
| 102 | | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| I. | 33 1/3% support test - 2022. If the c | | | | | | |
| 47. | and stop here. The organization qual | | | | | | |
| 1/8 | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the fact | | | - | • | | |
| | meets the facts-and-circumstances te | _ | • | • • • | - | 7 | |
| b | 10% -facts-and-circumstances test | ū | | | | • | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circle | | | | | | |
| 18 | Private foundation. If the organization | on did not check a l | box on line 13, 16 | a, 16b, 17a, or 17l | b, check this box ar | | |
| | | | | | | Schedule A | (Form 990) 2023 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | etion A. Public Support | siow, picase comp | oloto i dit ii.j | | | | |
|------|--|--------------------------|----------------------|-----------------------|---------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | | (a) 2013 | (6) 2020 | (6) 2021 | (d) ZOZZ | (6) 2020 | (i) rotai |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is | | | | | | |
| 12 | regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2023 (li | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 23 (line 10c, colur | mn (f), divided by I | ine 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2 | 2022 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qual | ifies as a publicly s | supported organiza | ation | |
| b | 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che | • | | | • | • | |
| 20 | Private foundation. If the organization | | | | | | |

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
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| Sche | duic / (i oiii ooo) LoLo | 8-2408684 | Pa | age 5 |
|--------|---|------------------|------|--------------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 2 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported | ers, ted | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | 2 | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | 140 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below. | ctions). | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | (see instruction | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | · | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2 b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | zations | | | |
|------|---|-----------------|--------------------------|--------------------------------|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | |
| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | on C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | Type III supporting orga | nization (see | | |
| | instructions). | | | , | | |

Schedule A (Form 990) 2023

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|-----------|--|-------------------------------|--|----|---|--|--|
| Secti | on D - Distributions | | • | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | | |
| | organizations, in excess of income from activity | | | 2 | | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | | 6 | | | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | |
| _9_ | Distributable amount for 2023 from Section C, line 6 | | | 9 | | | |
| <u>10</u> | Line 8 amount divided by line 9 amount | Т | | 10 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | ; | (iii) Distributable Amount for 2023 | | |
| _1_ | Distributable amount for 2023 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | | |
| <u>a</u> | From 2018 | | | | | | |
| b | From 2019 | | | | | | |
| c | From 2020 | | | | | | |
| d | From 2021 | | | | | | |
| е | From 2022 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | | | |
| <u>i_</u> | Carryover from 2018 not applied (see instructions) | | | | | | |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | | |
| | line 7: \$ | | | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | | | |
| <u>b</u> | Applied to 2023 distributable amount | | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | | |
| | and 4c. | | | | | | |
| _8_ | Breakdown of line 7: | | | | | | |
| | Excess from 2019 | | | | | | |
| | Excess from 2020 | | | | | | |
| | Excess from 2021 | | | | | | |
| | Excess from 2022 | | | | | | |
| <u>e</u> | Excess from 2023 | | | | | | |

Schedule A (Form 990) 2023

| Part VI | Supplemental Information Design to the second secon |
|----------|--|
| T dit VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

| | 88-2408684 | | | | |
|---|--|---|--|--|--|
| Organization type (check | c one): | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. See instructions. | | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor | • | | | |
| Special Rules | | | | | |
| sections 509(a)(contributor, duri | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II. | nd that received from any one | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | |
| answer "No" on Part IV, li | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990). | • • | | | |
| For Paperwork Reduction A | Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990) (2023) | | | |

Name of organization

CO-IMPACT PHILANTHROPIC FUNDS, INC.

88-2408684

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | litional space is needed. | |
|--------------|--|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | |
| 1 | | \$ 206,994,128. Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) | (b) | (c) (d) | _ |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution | _ |
| 2 | | \$ 33,450,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) | (b) | (c) (d) | _ |
| No. | Name, address, and ZIP + 4 | Total contributions Type of contribution | — |
| 3 | | \$ 32,000,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) | (b) | (c) (d) | _ |
| No. <u>4</u> | Name, address, and ZIP + 4 | \$ 24,000,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) | (b) | (c) (d) Total contributions Type of contribution | |
| No. 5 | Name, address, and ZIP + 4 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) | (b) | (c) (d) | |
| No. | Name, address, and ZIP + 4 | Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.) | _ |

Name of organization

CO-IMPACT PHILANTHROPIC FUNDS, INC.

88-2408684

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | ditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$\$, 7,372,424. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| 10 | Name, address, and ZIP + 4 | * 1,500,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$\$ | Person X Payroll |

Name of organization

Employer identification number

CO-IMPACT PHILANTHROPIC FUNDS, INC.

88-2408684

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14 | Name, address, and ZiF + 4 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 15 | Name, address, and ZIP + 4 | Total contributions \$ 750,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| 16 | Name, address, and ZIP + 4 | Total contributions \$ 666,666. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 17 | Training dadi odd, dilid Eli 1 1 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| No. 18 | Name, audress, and ZIP + 4 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

CO-IMPACT PHILANTHROPIC FUNDS, INC.

88-2408684

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 21 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, address, and ZIP + 4 | \$ | Person Payroll Ocomplete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

CO-IMPACT PHILANTHROPIC FUNDS, INC.

88-2408684

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |

Name of organization **Employer identification number** CO-IMPACT PHILANTHROPIC FUNDS, INC. 88 - 2408684Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CO-IMPACT PHILANTHROPIC FUNDS, INC.

Employer identification number

88-2408684

| Pal | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin | | si Silililat Futius (| oi Accounts. Comple | ete if the |
|-----|--|-------------------------|---------------------------|-------------------------------|--------------------|
| | organization answered Tes Off Offi 330, Fattiv, iii | 1 | dvised funds | (b) Funds and other | accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the asse | ts held in donor advise | ed funds | |
| | are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$ | exclusive legal conti | ol? | Ц ү | ′es No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that | at grant funds can be ι | used only | |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or fo | or any other purpose o | conferring | |
| | impermissible private benefit? | | | | 'es No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered | "Yes" on Form 990, P | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that ap | pl <u>y).</u> | | |
| | Preservation of land for public use (for example, recrea | tion or education) | Preservation of | a historically important lan | nd area |
| | Protection of natural habitat | | Preservation of | a certified historic structur | e |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation co | ntribution in the form o | of a conservation easemen | t on the last |
| | day of the tax year. | | | Held at the En | nd of the Tax Year |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on li | ne 2a | 2c | |
| d | Number of conservation easements included on line 2c acqu | ired after July 25, 20 | 006, and not | | |
| | on a historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rel | | | | < |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, ins | spection, handling of | | |
| | violations, and enforcement of the conservation easements it | : holds? | | Ү | 'es 🔲 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violation | s, and enforcing conse | ervation easements during | the year |
| | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, an | d enforcing conservati | ion easements during the | year |
| | | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirem | ents of section 170(h) | (4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Ц Ү | ′es No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its i | revenue and expense s | statement and | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organizat | ion's financial stateme | nts that describes the | |
| | organization's accounting for conservation easements. | | | | |
| Pa | rt III Organizations Maintaining Collections of | Art, Historical | Treasures, or Oth | her Similar Assets. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its | revenue statement ar | nd balance sheet works | |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, educa | ation, or research in fur | rtherance of public | |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that | describes these items | S. | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its rev | enue statement and b | alance sheet works of | |
| | art, historical treasures, or other similar assets held for public | exhibition, education | on, or research in furth | erance of public service, | |
| | provide the following amounts relating to these items. | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$_ | |
| | (ii) Assets included in Form 990, Part X | | | | |
| 2 | If the organization received or held works of art, historical treatments | | | | |
| | the following amounts required to be reported under FASB A | | | - · · · | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | \$ | |
| | Assets included in Form 990, Part X | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | | (Form 990) 2023 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

e Other

Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

| | HROPIC FUNDS, INC. | 88 | 8-2408684 Page 3 |
|---|----------------------------|---|---|
| Part VII Investments - Other Securities | Tarres 000 Bart IV line | 44b Oca Faura 000 Back V Pag 40 | |
| Complete if the organization answered "Yes" or (a) Description of security or category (including name of security) | | (c) Method of valuation: Cost or end | d of year market value |
| | (b) Book value | (c) Method of Valuation. Cost of end | 1-01-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests (3) Other | | | |
| | | | |
| (A) (D) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | | | |
| (H) | | <u> </u> | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | |
| · · · | (b) Book value | (b) Method of Valuation. Cost of one | 7 or your market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| <u>(6)</u> | | | |
| (7) | | | |
| (8) | | | |
| (9) Total (Col. (b) must equal Form 000, Part V, line 12, col. (B)) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets | | | |
| Complete if the organization answered "Yes" of | on Form 990. Part IV. line | 11d. See Form 990. Part X. line 15. | |
| - | Description | | (b) Book value |
| (1) | | | (4) = 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. | (R)) | | |
| Part X Other Liabilities | (ושן) | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | , | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. | (R)) | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide t | | | hat reports the |
| , | | 5 | |

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

88-2408684

| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements | | | 1 | 354,816,641 |
|-------|---|-------------|----------------|--------|-------------|
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | , , |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | | 1,897,889. | | |
| c | Recoveries of prior year grants | | , , | | |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | | | 2e | 1,897,889 |
| 3 | Subtract line 2e from line 1 | | | 3 | 352,918,752 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | 7,145,285. | | |
| С | Add lines 4a and 4b | | | 4c | 7,145,285 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 360,064,037 |
| Par | t XII Reconciliation of Expenses per Audited Financial Stat | ements With | Expenses per F | Return | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 74,331,712 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 1,897,889. | | |
| b | Prior year adjustments | | | | |
| С | Other losses | 1 1 | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 1,897,889 |
| 3 | Subtract line 2e from line 1 | | | 3 | 72,433,823 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 1,400,944. | | |
| С | Add lines 4a and 4b | | | 4c | 1,400,944 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, TXIII Supplemental Information |) | | 5 | 73,834,767 |
| lines | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2: | | | | |
| CO-I | MPACT FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR U | NCERTAINTY | | | |
| IN T | AX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN | , INCLUDING | | | |
| ISSU | ES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASURE | MENT. THIS | | | |
| GUID | NANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX P | OSITION CAN | | | |
| ONLY | BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION | IS | | | |
| "MOR | E-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO | BE | | | |
| CHAL | LENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX PO | SITION IS | | | |
| BASE | D SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT | REGARD TO | | | |
| | | REGIND 10 | | | |
| 1115 | LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. | | | | |
| | | | | | |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-2408684 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region SOUTH ASIA -GRANTS TO RECIPIENTS IN THE AFGHANISTAN, REGION, PROVISION OF BANGLADESH, BHUTAN, NON-GRANT SUPPORT TO GRANT INDIA, MALDIVES 0 RECIPIENTS, FUNDRAISING. 5,838,267. EUROPE (INCLUDING GRANTS TO RECIPIENTS IN THE ICELAND & GREENLAND) REGION, PROVISION OF - ALBANIA, ANDORRA, NON-GRANT SUPPORT TO GRANT RECIPIENTS, FUNDRAISING. AUSTRIA, BELGIUM 0 4,619,715. SUB-SAHARAN AFRICA GRANTS TO RECIPIENTS IN THE ANGOLA, BENIN, REGION, PROVISION OF BOTSWANA, BURKINA NON-GRANT SUPPORT TO GRANT RECIPIENTS, FUNDRAISING. 0 FASO 11 8,309,955. SOUTH AMERICA -GRANTS TO RECIPIENTS IN THE ARGENTINA, BOLIVIA, REGION, PROVISION OF BRAZIL, CHILE, NON-GRANT SUPPORT TO GRANT COLUMBIA, ECUADOR, RECIPIENTS, FUNDRAISING. 0 2,617,980. NORTH AMERICA -GRANTS TO RECIPIENTS IN THE REGION, PROVISION OF CANADA AND MEXICO. BUT NOT THE UNITED NON-GRANT SUPPORT TO GRANT RECIPIENTS, FUNDRAISING. STATES 0 12 1,016,667. EAST ASIA AND THE GRANTS TO RECIPIENTS IN THE PACIFIC - AUSTRALIA, REGION, PROVISION OF BRUNEI, BURMA, NON-GRANT SUPPORT TO GRANT CAMBODIA 0 RECIPIENTS, FUNDRAISING, 775,414. 0 42 23,177,998. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I c Totals (add lines 3a 0 23,177,998. and 3b)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 413,300. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 133,333. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SOUTH AMERICA - | | | | | | |
| | | ARGENTINA, | | | | | | |
| | | BOLIVIA, BRAZIL, | | | | | | |
| | | CHILE, COLUMBIA, | SEE PART V | 871,347. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 210,000. | WIRE | 0. | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax | X |
|---|---|---|
| | exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | |

Schedule F (Form 990) 2023

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3 Enter total number of other organizations or entities

| Part II Continuation of | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | i ago <u>z</u> |
|----------------------------|---|------------------------|-------------------------------|--------------------------|---------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 312,500. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | ALBANIA, ANDORRA, | SEE PART V | 90,000. | WIRE | 0. | | |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SEE PART V | 1,671,600. | WIRE | 0. | | |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SEE PART V | 100,000. | WIRE | 0. | | |
| | | SOUTH ASIA - | | | | | | |
| | | AFGHANISTAN, | | | | | | |
| | | BANGLADESH, | | | | | | |
| | | BHUTAN, INDIA, | SEE PART V | 4,066,667. | WIRE | 0. | | |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | | | | | | |
| | | BRUNEI, BURMA, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | | | | | | |
| | | BRUNEI, BURMA, | SEE PART V | 300,000. | WIRE | 0. | | |

| Part II Continuation of | f Grants and Other | Assistance to Organiza | ations or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 |) | r ago z |
|----------------------------|---|------------------------|--------------------------------|--------------------------|---------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 387,455. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 150,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 650,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |

| Part II Continuation of | f Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 | 1) | r ago <u>z</u> |
|----------------------------|---|------------------------|-------------------------------|----------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE | | | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | | | | | | |
| | | BRUNEI, BURMA, | SEE PART V | 175,414. | WIRE | 0. | | |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | | | | | | |
| | | THE UNITED STATES | SEE PART V | 150,000. | WIRE | 0. | | |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | | | | | | |
| | | THE UNITED STATES | SEE PART V | 266,667. | WIRE | 0. | | |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | | | | | | |
| | | THE UNITED STATES | SEE PART V | 300,000. | WIRE | 0. | | |
| | | NORTH AMERICA - | | | | | | |
| | | CANADA AND | | | | | | |
| | | MEXICO, BUT NOT | | | | | | |
| | | THE UNITED STATES | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 300,000. | WIRE | 0. | | |
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | | | | | | |
| | | BURKINA FASO, | SEE PART V | 3,300,000. | WIRE | 0. | | |

| Part II Continuation of | Grants and Other | Assistance to Organiza | tions or Entities Outside the | United States. | (Schedule F (Form 9 | 90), Part II, line 1 | 1) | r ugo z |
|----------------------------|---|------------------------|-------------------------------|----------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | ALBANIA, ANDORRA, | SEE PART V | 304,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | ALBANIA, ANDORRA, | SEE PART V | 2,800,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | ALBANIA, ANDORRA, | SEE PART V | 225,715. | WIRE | 0. | | |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | <u> </u> | SEE PART V | 300,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | | | | | | |
| | | GREENLAND) - | | | | | | |
| | | ALBANIA, ANDORRA, | SEE PART V | 900,000. | WIRE | 0. | | |
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| Part III Grants and Other Assistanc Part III can be duplicated if ac | | | ites. Complete it | f the organization answered "Yes | " on Form 990, Part | IV, line 16. | |
|--|------------|--------------------------|--------------------------|----------------------------------|----------------------------------|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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| SCITE | edule F (Form 990) 2023 - 00 1111101 1111111111111111111111111 | |
|-------|--|--|
| Pa | rt IV Foreign Forms | |
| | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," | |
| | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign | |

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

| Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) | Yes | X No |
|--|-----|------|
| Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may | | |
| be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and | | |
| Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a | | |
| U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," | | |
| the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | | |
| Certain Foreign Corporations (see the Instructions for Form 5471) | Yes | X No |
| Was the organization a direct or indirect shareholder of a passive foreign investment company or a | | |
| qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | | |
| Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing | | |
| Fund (see the Instructions for Form 8621) | Yes | X No |
| Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," | | |
| the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain | | |
| Foreign Partnerships (see the Instructions for Form 8865) | Yes | X No |

Schedule F (Form 990) 2023

Yes X No

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANTS AND OTHER ASSISTANCE OUTSIDE

THE UNITED STATES:

CO-IMPACT WORKS IN COLLABORATION WITH OUR PROGRAM PARTNERS (GRANTEES) IN

OUR FOCUS REGIONS OF AFRICA, ASIA, AND LATIN AMERICA AND ELSEWHERE IN THE

WORLD TO SUPPORT THEIR MISSION AND VISION. CO-IMPACT'S MONITORING OF THE

USE OF GRANTS AND OTHER ASSISTANCE BEGINS DURING THE DUE DILIGENCE PHASE

WHERE WE CONDUCT A RIGOROUS REVIEW OF THE PROPOSED ACTIVITIES TO ENSURE

THEY ARE CONSISTENT WITH CO-IMPACT'S MISSION ALONG WITH THE PROSPECTIVE

PROGRAM PARTNER'S PROGRAMMATIC AND OPERATIONAL CAPABILITIES. WE ALSO

CONDUCT A FULL LEGAL REVIEW TO ENSURE COMPLIANCE WITH APPLICABLE LAW.

WHEN A DECISION IS MADE TO PROVIDE FUNDING, EACH PROGRAM PARTNER IS

PAIRED WITH AN EXPERIENCED TEAM THAT SUPPORTS PARTNERS TO STRENGTHEN KEY

CAPABILIITES AND SERVES AS RESPONSIVE THOUGHT PARTNERS THROUGHOUT THE

GRANT TERM.

THIS IS ALL DOCUMENTED THOROUGHLY IN AN INTERNAL PRE-GRANT INQUIRY AND IN

A SIGNED GRANT AGREEMENT. WE MONITOR PROGRAM PARTNER PERFORMANCE AND

COMPLIANCE THROUGH MUTUALLY AGREED-UPON MILESTONES. FINANCIAL REPORTS

AND PROGRESS REPORTS THROUGHOUT THE GRANT TERM.

PART II, LINE 1, COLUMN D:

THE PURPOSES OF ALL GRANTS ARE LISTED OUT BELOW:

1) TO SUPPORT ITS EFFORTS TO CHANGE THE LEGAL EDUCATION SYSTEM TO

INCREASE AWARENESS OF, PREVENT, AND RESPOND TO GENDER-BASED

DISCRIMINATION. FOCUS REGION: LATIN AMERICA

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

2) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO IMPROVE THE EDUCATION

SYSTEM'S ABILITY TO ADVANCE RACIAL EQUITY AND STRENGTHEN THE WORK OF

EDUCATION PROFESSIONALS. FOCUS REGION: LATIN AMERICA

3) IN SUPPORT OF FUNDO AGBARA, A FUND FOR BLACK WOMEN WORKING TO

STRENGTHEN ORGANIZATIONS LED BY BLACK WOMEN. FOCUS REGION: LATIN

AMERICA

4) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO PROMOTE WOMEN'S

LEADERSHIP AND REPRESENTATION IN THE JUSTICE SYSTEM. FOCUS REGION:

LATIN AMERICA

5) IN SUPPORT OF THE RESEARCH CENTER ON MACROECONOMICS OF INEQUALITIES'

EFFORTS TO STUDY THE CARE ECONOMY. FOCUS REGION: LATIN AMERICA

6) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO EXPAND PAID DOMESTIC

WORKERS' RIGHTS TO REDUCE POVERTY BY IMPROVING THEIR ECONOMIC

OPPORTUNITIES. FOCUS REGION: LATIN AMERICA

7) IN SUPPORT OF ITS EFFORTS TO PROMOTE THE INTEGRATION OF GRADUATION

PROGRAMMING INTO PUBLIC SYSTEMS. FOCUS REGION: LATIN AMERICA

8) IN SUPPORT OF ITS EFFORTS TO STRENGTHEN AFRICAN FEMINIST MOVEMENTS

THROUGH ESTABLISHING A CHARTER OF FEMINIST PRINCIPLES FOR AFRICAN

FEMINISTS.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

9) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE THE BUDGET

ALLOCATION FOR THE FISHERIES POST-HARVEST MANAGEMENT SYSTEM FOR

FISHERWOMEN. FOCUS REGION: AFRICA

10) IN SUPPORT OF ITS EFFORTS TO INCREASE GENDER INCLUSION AND

DIVERSITY IN CORE GOVERNMENT MINISTRIES, FOCUS REGION: AFRICA

11) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE ACCESS TO

QUALITY EDUCATION FOR 1.6 MILLION GIRLS. FOCUS REGION: AFRICA

12) IN SUPPORT OF THE REYKJAVIK FORUM. A PLATFORM FOR ADVOCACY WORK ON

WOMEN IN LEADERSHIP.

13) IN SUPPORT OF ITS EFFORTS WORKING WITH THE GOVERNMENT TO TRANSFORM

EDUCATION SYSTEMS TO EQUIP AT LEAST 1 MILLION YOUNG PEOPLE, INCLUDING

500,000 GIRLS AND YOUNG WOMEN, WITH FUNDAMENTAL EMPLOYABILITY SKILLS.

FOCUS REGION: AFRICA

14) IN SUPPORT OF ITS EFFORTS TO IMPROVE SOCIAL ECOLOGICAL AND

ECONOMIC OUTCOMES FOR WOMEN, SCHEDULED CASTES, AND TRIBAL PEOPLE, FOCUS

REGION: AFRICA

15) IN SUPPORT OF ITS EFFORTS TO IMPROVE SMALL HOLDER FARMERS' INCOMES

AND FOOD SECURITY AS WELL AS HUMAN-ANIMAL-SOIL HEALTH AND ENVIRONMENTAL

SUSTAINABILITY. FOCUS REGION: AFRICA

16) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO SUPPORT DISTRICTS TO

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REDUCE POVERTY BY IMPLEMENTING A NEW BIOECONOMIC APPROACH USING

NATURE-BASED SOLUTIONS AND GENERATING VALUE-ADDED PRODUCTS THROUGH

MICRO-PROCESSING FACILITIES. FOCUS REGION: ASIA

17) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO PROMOTE WOMEN'S

PARTICIPATION, VOICE, AND LEADERSHIP IN NATURAL RESOURCE GOVERNANCE AT

ALL LEVELS, WORKING CLOSELY WITH INDIGENOUS COMMUNITIES AND WITH LARGER

CLIMATE ACTION CAMPAIGNS. FOCUS REGION: ASIA

18) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO IMPROVE BOTH ACCESS

TO AND QUALITY OF PRIMARY HEALTH CARE PROVISION BY EMPOWERING 800+

COMMUNITY HEALTH WORKERS. FOCUS REGION: ASIA

19) IN SUPPORT OF ITS EFFORTS TO SCALE THE TEACHING AT THE RIGHT LEVEL

APPROACH TO IMPROVING LITERACY AND NUMERACY OUTCOMES FOR STUDENTS IN

SIX COUNTRIES ACROSS AFRICA.

20) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO IMPROVE PRIMARY

SCHOOL SYSTEM DELIVERY OF LIFE-SKILLS FOR OVER 4.65 MILLION ADOLESCENT

GIRLS, HELPING REDUCE TEEN PREGNANCIES, SEXUAL AND GENDER BASED

VIOLENCE, AND HIGH RATES OF HIV INFECTIONS. FOCUS REGION: AFRICA

21) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE ACCESS TO

HEALTH CARE FOR 8.95 MILLION PEOPLE THROUGH IMPROVEMENTS IN THE PUBLIC

FINANCE MANAGEMENT SYSTEMS IN THE HEALTH SECTOR. FOCUS REGION: AFRICA

22) IN SUPPORT OF ITS EFFORTS TO PROVIDE ACTIONABLE RESEARCH TOWARDS

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

STRENGTHENING OPERATIONS AND SERVICES OF WOMEN-OWNED CHILDCARE

ENTERPRISES AND EXPANDING ACCESS TO AFFORDABLE CHILDCARE AMONG WOMEN

AND HOUSEHOLDS. FOCUS REGION: AFRICA

23) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO ADVANCE EQUITABLE

ACCESS TO QUALITY SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH SERVICES FOR

0.7 MILLION ADOLESCENT GIRLS AND YOUNG WOMEN. FOCUS REGION: AFRICA

24) IN SUPPORT OF ITS EFFORTS TO SHIFT PERSONAL BELIEFS AND PERCEPTIONS

OF SOCIAL NORMS SURROUNDING GENDER, FOCUS REGION: AFRICA

25) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO IMPROVE ACCESS TO

QUALITY EARLY CHILDHOOD DEVELOPMENT, HEALTH REHABILITATION, BUDGETS AND

INCLUSION IN UNIVERSAL HEALTH CARE FOR CHILDREN WITH DISABILITIES AND

THEIR CAREGIVERS. FOCUS REGION: AFRICA

26) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TOWARDS ECONOMIC

EMPOWERMENT OF 1.5 MILLION WOMEN INFORMAL TRADERS BY ADDRESSING THE

EXCLUSIONARY AND NON-RESPONSIVE INFORMAL TRADE SYSTEM. FOCUS REGION:

AFRICA

27) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO IMPROVE LEARNING

OUTCOMES OF CHILDREN THROUGH ASSESSMENT AND CURRICULUM IMPLEMENTATION

FOR LIFESKILLS AND VALUES WITHIN EDUCATION SYSTEMS IN EAST AFRICA.

28) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO ADDRESS THE LACK OF

SYSTEMATIC EVIDENCE ON WHAT DRIVES THE EFFECTIVENESS OF THE

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

RECOMMENDATIONS MADE BY THE COMMITTEE ON THE ELIMINATION OF

DISCRIMINATION AGAINST WOMEN.

29) IN SUPPORT OF ITS EFFORTS TO RESEARCH DISCRIMINATION IN THE

JUDICIAL SYSTEM. FOCUS REGION: LATIN AMERICA

30) IN SUPPORT OF ITS EFFORTS TO REDUCE POVERTY BY PROMOTING ECONOMIC

AUTONOMY AND THE CARE ECONOMY. FOCUS REGION: LATIN AMERICA

31) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO LINK THE EDUCATION

SYSTEM WITH SYSTEMS OF CARE. FOCUS REGION: LATIN AMERICA

32) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE ECONOMIC

OPPORTUNITIES OF UNPAID CAREGIVERS. FOCUS REGION: LATIN AMERICA

33) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO STRENGTHEN THE

DELIVERY OF HIGH-QUALITY PATIENT-CENTERED PUBLIC MATERNITY CARE FOR 4

MILLION VULNERABLE WOMEN. FOCUS REGION: AFRICA

34) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE

REPRESENTATION OF WOMEN IN SENIOR LEADERSHIP AND EXECUTIVE POSITIONS

WITHIN THE FINANCIAL SECTOR. FOCUS REGION: AFRICA

35) IN SUPPORT OF ITS EFFORTS TO BUILD PATHWAY MANAGEMENT NETWORKS TO

SHIFT 3 MILLION YOUNG PEOPLE FROM LEARNING TO EARNING. FOCUS REGION:

AFRICA

| Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (extincted number of recipients), as applicable. Also complete this part to provide any additional information. See instructions |
|--|
| |
| Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 6) IN SUPPORT OF ITS RESEARCH EPPORTS TO DIVERSIFY THE PIELD OF CONOMICS IN THE GLOBAL SOUTH. 7) IN SUPPORT OF ITS EFFORTS TO INCREASE ACCESS TO PRIMARY HEALTHCARE ERVICES FOR OVER 1.2 MILLION PEOPLE RURAL AND RMOTE COMMUNITIES, POCUS BEGION: AFRICA 8) IN SUPPORT OF ITS EFFORTS TO DEVELOP WOMEN'S LEADERSHIP IN NYTERNATIONAL LAW BY BUILDING EXPERTISE AND FACILITATING CONSTRUCTIVE PIALOGUE AROUND CRITICAL ISSUES OF INTERNATIONAL JUSTICE AND CCCOUNTABILITY. 9) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE AWARENESS ND DRIVE DEMAND AND ACCESS FOR SEXUAL REPRODUCTIVE HEALTH SERVICES FOR 1.5 MILLION ADOLESCENTS AND YOUNG WOMEN, FOCUS REGION: AFRICA |
| ECONOMICS IN THE GLOBAL SOUTH. |
| 37) IN SUPPORT OF ITS EFFORTS TO INCREASE ACCESS TO PRIMARY HEALTHCARE |
| SERVICES FOR OVER 1.2 MILLION PEOPLE RURAL AND RMOTE COMMUNITIES. FOCUS |
| REGION: AFRICA |
| |
| 38) IN SUPPORT OF ITS EFFORTS TO DEVELOP WOMEN'S LEADERSHIP IN |
| INTERNATIONAL LAW BY BUILDING EXPERTISE AND FACILITATING CONSTRUCTIVE |
| DIALOGUE AROUND CRITICAL ISSUES OF INTERNATIONAL JUSTICE AND |
| ACCOUNTABILITY. |
| |
| 39) TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS TO INCREASE AWARENESS |
| AND DRIVE DEMAND AND ACCESS FOR SEXUAL REPRODUCTIVE HEALTH SERVICES FOR |
| 2.5 MILLION ADOLESCENTS AND YOUNG WOMEN. FOCUS REGION: AFRICA |
| |
| 40) IN SUPPORT OF ITS EFFORTS TO INCREASE THE PROPORTION OF WOMEN |
| ECONOMISTS IN LEADERSHIP POSITIONS IN THE GLOBAL SOUTH. |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|--|------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| CO-IMPACT PHII | | NDS, INC. | | | | | 88-2408684 |
| Part I General Information on Grants ar | | | | | | | |
| 1 Does the organization maintain records to | | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selection | |
| criteria used to award the grants or assis | | | | | | | Yes No |
| 2 Describe in Part IV the organization's pro | | | | | :ti | / 000 Doub | IV line Of few area |
| Part II Grants and Other Assistance to I recipient that received more than \$ | _ | | | | anization answered "Y | es" on Form 990, Part | 1v, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AMERICAN ECONOMIC ASSOCIATION | | | | | | | |
| 2014 BROADWAY. STE 305 | | | | | | | |
| NASHVILLE, TN 37203 | 36-2166945 | 501(C)(3) | 290,000. | 0. | | | SEE PART IV |
| CENTER FOR JUSTICE AND | | | | | | | |
| INTERNATIONAL LAW - 2001 S STREET | | | | | | | |
| NORTHWEST SUITE 320 - WASHINGTON, | | | | | | | |
| DC 20009 | 52-1730890 | 501(C)(3) | 570,993. | 0. | | | SEE PART IV |
| CLOONEY FOUNDATION FOR JUSTICE 4768 BROADWAY #947 | | | | | | | |
| NEW YORK, NY 10034 | 81-3006634 | 501(C)(3) | 636,000. | 0. | | | SEE PART IV |
| CORSTONE/WORLDBEING 8 EAST BALTIMORE STREET, SUITE 300 BALTIMORE, MD 21202 | 94-2393629 | 501(C)(3) | 300,000. | 0. | | | SEE PART IV |
| | | | | | | | |
| FUND FOR THE CITY OF NEW YORK, | | | | | | | |
| INC 121 AVENUE OF THE AMERICAS, | | | | | | | |
| 6TH FLOOR - NEW YORK, NY 10013 | 13-2612524 | 501(C)(3) | 150,000. | 0. | | | SEE PART IV |
| IDINSIGHT PO BOX 689 SAN FRANCISCO, CA 94104 | 27-4933181 | 501(C)(3) | 1,813,000. | 0. | | | SEE PART IV |
| 2 Enter total number of section 501(c)(3) ar | | | · | | | | 27 |
| 3 Enter total number of other organizations | • | • | | | | | |
| For Paparwork Poduction Act Notice see th | | | | | | | Schodulo I (Form 990) 2022 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | ray |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| INITIATIVE FOR MEDICINES ACCESS & | | | | | | | |
| KNOWLEDGE - 16192 COASTAL HIGHWAY | | | | | | | |
| - LEWES, DE 19958 | 20-8559302 | 501(C)(3) | 250,000. | 0. | | | SEE PART IV |
| INSTITUTE FOR AFRICAN WOMEN IN LAW | | | | | | | |
| 16192 COASTAL HIGHWAY | | | | | | | |
| LEWES, DE 19958 | 81-1200789 | 501(C)(3) | 315,000. | 0. | | | SEE PART IV |
| INTERNATIONAL ASSOCIATION FOR | | | | | | | |
| FEMINIST ECONOMICS, INC 101 | | | | | | | |
| CRESCENT PLACE - ITHACA, NY 14850 | 23-2693366 | 501(C)(3) | 185,000. | 0. | | | SEE PART IV |
| | | | , | | | | |
| INTERNATIONAL ASSOCIATION OF WOMEN | | | | | | | |
| JUDGES - 2000 M STREET NORTHWEST, | | | | | | | |
| SUITE 750 C - WASHINGTON, DC 20036 | 30-0116135 | 501(C)(3) | 515,000. | 0. | | | SEE PART IV |
| INTERNATIONAL BANK FOR | | | | | | | |
| RECONSTRUCTION AND DEVELOPMENT - | | | | | | | |
| 1818 H STREET NORTHWEST - | | | | _ | | | |
| WASHINGTON, DC 20433 | 98-0002549 | 501(C)(3) | 2,000,000. | 0. | | | SEE PART IV |
| INTERNATIONAL BUSINESS PARTNERSHIP | | | | | | | |
| 750 FIRST STREET NORTHEAST, STE 70 | h n | | | | | | |
| WASHINGTON, DC 20002 | 46-3995547 | 501(C)(3) | 866,350. | 0. | | | SEE PART IV |
| INTERNATIONAL INITIATIVE FOR | 10 3333317 | 301(0)(3) | 000,330. | •• | | | |
| IMPACT EVALUATION - 1111 19TH | | | | | | | |
| STREET NORTHWEST - WASHINGTON, DC | | | | | | | |
| 20036 | 26-2681792 | 501(C)(3) | 85,556. | 0. | | | SEE PART IV |
| | | | | | | | |
| PEOPLE'S COURAGE INTERNATIONAL | | | | | | | |
| 3206 10TH STREET NORTHEAST | | | | | | | |
| WASHINGTON, DC 20017 | 85-1604311 | 501(C)(3) | 2,700,000. | 0. | | | SEE PART IV |
| LAST MILE HEALTH | | | | | | | |
| P.O. BOX 130122 | | | | | | | |
| BOSTON, MA 02113 | 26-1401736 | 501(C)(3) | 1,800,000. | 0. | | | SEE PART IV |
| 20010M, FM1 02110 | 20 1401/30 | 001(0/(0/ | 1,000,000. | <u> </u> | | | P 111111 1V |

| Part II Continuation of Grants and Other A | Assistance to Doi | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | ra Fa |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SPIRE INDIA INC. | | | | | | | |
| PO BOX 1501 WALL STREET STATION | | | | | | | |
| NEW YORK, NY 10268 | 90-0150814 | 501(C)(3) | 230,867. | 0. | | | SEE PART IV |
| MASSACHUSETTS INSTITUTE OF | | | | | | | |
| FECHNOLOGY - 77 MASSACHUSETTS | | | | | | | |
| AVENUE - CAMBRIDGE, MA 02139 | 04-2103594 | 501(C)(3) | 6,923,291. | 0. | | | SEE PART IV |
| NEW VENTURE FUND | | | | | | | |
| 1828 L STREET NW, SUITE 300A | | | | | | | |
| WASHINGTON, DC 20036 | 20-5806345 | 501(C)(3) | 9,211,164. | 0. | | | SEE PART IV |
| , | | | , , | | | | |
| ONE ACRE FUND | | | | | | | |
| 31 PROSPECT STREET | | | | | | | |
| BROOKLYN, NY 11201 | 20-3668110 | 501(C)(3) | 7,000,000. | 0. | | | SEE PART IV |
| | | | | | | | |
| OPEN GOVERNMENT PARTNERSHIP | | | | | | | |
| SECRETARIAT - 555 WEST 5TH STREET - LOS ANGELES, CA 90013 | 81-1867464 | 501(C)(3) | 1,000,000. | 0. | | | SEE PART IV |
| - LOS ANGELES, CA 90013 | 01-100/404 | 301(0/(3/ | 1,000,000. | 0. | | | SEE FART IV |
| PARTNERSHIP FOR ECONOMIC POLICY | | | | | | | |
| PO BOX 30772-00100 DUDUVILLE CAM | | | | | | | |
| NAIROBI, KENYA | 80-0948823 | 501(C)(3) | 183,680. | 0. | | | SEE PART IV |
| | | | | | | | |
| PRATHAM USA | | | | | | | |
| 9703 RICHMOND AVENUE, SUITE 102 | | | | _ | | | |
| HOUSTON, TX 77042 | 76-0620808 | 501(C)(3) | 250,000. | 0. | | | SEE PART IV |
| MUE ACMDARA LECRIAN ROUNDAMION ROD | | | | | | | |
| THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE - 116 EAST 16TH STREET, | | | | | | | |
| 7TH FL - NEW YORK, NY 10003 | 13-2992977 | 501(C)(3) | 500,000. | 0. | | | SEE PART IV |
| THE TOTAL AT 10005 | 13 2332311 | 551(5)(5) | 300,000. | · · · | | | DID 1111(1 1 V |
| THE GLOBAL FUND FOR WOMEN, INC. | | | | | | | |
| 800 MARKET STREET, 7TH FLOOR | | | | | | | |
| SAN FRANCISCO, CA 94102 | 77-0155782 | 501(C)(3) | 1,000,000. | 0. | | | SEE PART IV |

| | | | vernments (Sche | | T . | |
|------------|--------------------------------|------------------------------------|--|---|---|---|
| (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | |
| 95-6006144 | 501(C)(3) | 600,000. | 0. | | | SEE PART IV |
| | | | | | | |
| 85-6000642 | 115 | 1,406,722. | 0. | | | SEE PART IV |
| | | | | | | |
| 26-4462256 | 501(C)(3) | 200,000. | 0. | | | SEE PART IV |
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| | 95-6006144 00 85-6000642 | if applicable 95-6006144 501(C)(3) | if applicable cash grant 95-6006144 501(C)(3) 600,000. 85-6000642 115 1,406,722. | if applicable cash grant noncash assistance 95-6006144 501(C)(3) 600,000. 0. 85-6000642 115 1,406,722. 0. | if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) 95-6006144 501(C)(3) 600,000. 0. 85-6000642 115 1,406,722. 0. | if applicable cash grant noncash assistance (book, FMV, appraisal, other) 95-6006144 501(c)(3) 600,000. 0. 85-6000642 115 1,406,722. 0. |

| Schedule I | (Form 990) 2023 CO-IMPACT PHILANTHROPI | C FUNDS, INC | • | | | 88-2408684 | Page |
|------------|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------|---------------|
| Part III | Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | e organization answe | ered "Yes" on Form 9 | 90, Part IV, line 22. | | |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncas | sh assistance |
| | | | | | | | |
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| Part IV | Supplemental Information. Provide the information req | uired in Part I, lin | ne 2; Part III, column | (b); and any other ac | Iditional information. | | |
| PART I, | LINE 2: | | | | | | |
| PROCEDUR | ES FOR MONITORING THE USE OF GRANT FUNDS I | N THE UNITED | STATES: | | | | |
| CONSISTE | NT WITH OUR MISSION TO ADVANCE JUST AND IN | CLUSIVE SYSTE | EMS IN THE | | | | |
| GLOBAL S | OUTH, CO-IMPACT WORKS IN COLLABORATION WIT: | H OUR PROGRAM | M PARTNERS | | | | |
| (GRANTEE | S) TO SUPPORT THEIR MISSION AND VISION. CO | -IMPACT'S MON | VITORING OF | | | | |
| | OF GRANTS AND OTHER ASSISTANCE BEGINS DURI | | | | | | |
| | | | | | | | |
| | HERE WE CONDUCT A RIGOROUS REVIEW OF THE P | | | | | | |
| ENSURE T | HEY ARE CONSISTENT WITH CO-IMPACT'S MISSION | N ALONG WITH | THE | | | | |
| PROSPECT | IVE PROGRAM PARTNER'S PROGRAMMATIC AND OPE | RATIONAL CAPA | ABILITIES. WE | | | | |

Schedule I (Form 990)

4) CORSTONE/WORLDBEING: TO DEVELOP A STRATEGIC PLAN FOR ITS EFFORTS

Schedule I (Form 990)

REMOTE COMMUNITIES. FOCUS REGION: AFRICA

Schedule I (Form 990)

COUNTRIES IN THE GLOBAL SOUTH.

| Part IV Supplemental Information |
|---|
| |
| 22) PRATHAM USA: IN SUPPORT OF ITS EFFORTS TO SCALE THE TEACHING AT THE |
| RIGHT LEVEL APPROACH, WHICH IS REORIENTING NATIONAL AND STATE EDUCATION |
| SYSTEMS TO HELP EVERY CHILD ACQUIRE BASIC SKILLS IN LITERACY AND |
| NUMERACY, IN SIX COUNTRIES ACROSS AFRICA. |
| |
| 23) THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE: IN SUPPORT OF ITS |
| EFFORTS TO INCREASE FINANCIAL AND TECHNICAL RESOURCES AVAILABLE TO |
| FEMINIST LQBTQI+ ORGANIZATIONS IN AFRICA, ASIA, AND LATIN AMERICA. |
| |
| 24) THE GLOBAL FUND FOR WOMEN, INC.: IN SUPPORT OF THE BLACK FEMINIST |
| FUND'S EFFORTS TO SIGNIFICANTLY INCREASE THE FUNDING AVAILABLE FOR |
| BLACK FEMINIST MOVEMENTS GLOBALLY. |
| |
| 25) UNIVERSITY OF CALIFORNIA SAN DIEGO: IN SUPPORT OF ITS EFFORTS TO |
| SUPPORT STATE GOVERNMENTS IN DELIVERING IMPROVED DEVELOPMENT OUTCOMES |
| AT SCALE. FOCUS REGION: ASIA |
| |
| 26) UNIVERSITY OF NEW MEXICO: IN SUPPORT OF ITS EFFORTS TO INCREASE |
| ACCESS TO QUALITY HEALTHCARE FOR MILLIONS OF PATIENTS AND GLOBALLY |
| THROUGH IMPROVING CAPACITIES OF LOCALLY BASED HEALTH WORKERS TO |
| DIAGNOSE AND TREAT COMPLEX MEDICAL CONDITIONS. FOCUS REGION: ASIA |
| |
| 27) WOMEN DELIVER INC.: IN SUPPORT OF THE WOMEN DELIVER 2023 |
| CONFERENCE. |
| |
| |
| |

CO-IMPACT PHILANTHROPIC FUNDS, INC.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CO-IMPACT PHILANTHROPIC FUNDS, INC.

Employer identification number 88-2408684

| Pa | art I Questions Regarding Compensation | | | |
|------------|--|-----------|-----|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| | The organization? | <u>5a</u> | | X |
| b | Any related organization? | 5b | | Х |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the net earnings of: | | | х |
| | The organization? | 6a | | |
| b | Any related organization? | 6b | | X |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | _ | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | ĺ | I |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | /-2 and/or 1099-MISO compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--------------------------|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) OLIVIA LELAND - FOUNDER & | (i) | 499,658. | 0. | 0. | 27,183. | 20,363. | 547,204. | 0. |
| I | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) PAMELA FOSTER | (i) | 390,894. | 3,497. | 0. | 24,887. | 45,481. | 464,759. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) RAKESH RAJANI | (i) | 307,251. | 3,496. | 0. | 16,855. | 28,959. | 356,561. | 0. |
| VP, PROGRAMS (THRU 08/2023) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ANNA-MARIE HARLING - MANAGING | (i) | 257,713. | 0. | 0. | 18,165. | 24,522. | 300,400. | 0. |
| DIRECTOR, PHILANTHROPIC COLLAB. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) VARJA LIPOVSEK | (i) | 215,520. | 0. | 0. | 21,656. | 48,797. | 285,973. | 0. |
| DIR., LEARNING, MEAS. & EVAL. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) YASMIN MADAN - DIRECTOR & | (i) | 199,233. | 1,617. | 0. | 15,086. | 25,590. | 241,526. | 0. |
| US LEAD, PHILANTHROPIC COLLABORATION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ABRAHAM GRINDLE | (i) | 199,517. | 1,599. | 0. | 15,105. | 25,135. | 241,356. | 0. |
| DIRECTOR, PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) VICKY HAWK | (i) | 183,638. | 1,490. | 0. | 13,950. | 31,880. | 230,958. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MARY WANDIA WANJIRU | (i) | 199,576. | 0. | 900. | 15,966. | 12,768. | 229,210. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) MARIA ALFONSINA PENALOZA - DIR. | (i) | 195,225. | 1,866. | 900. | 8,230. | 16,064. | 222,285. | 0. |
| PROGRAMS, LATIN AMERICA & GLOBAL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| (| (ii) | | | | | | | |
| | (i) | | | | | | | |
| (| (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| I | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

| CO-IMPACT PHILANTHROPIC FUNDS, INC. | 88-2408684 | | | | |
|---|------------|--|--|--|--|
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | | | | |
| FOUNDED IN 2017, CO-IMPACT IS A GLOBAL PHILANTHROPIC COLLABORATIVE | | | | | |
| FOCUSED ON IMPROVING THE LIVES OF MILLIONS OF PEOPLE THROUGH JUST AND | | | | | |
| INCLUSIVE SYSTEMS CHANGE. WE BRING TOGETHER PHILANTHROPISTS, | | | | | |
| FOUNDATIONS, AND PRIVATE SECTOR PARTNERS FROM AROUND THE WORLD TO POOL | | | | | |
| FUNDING THAT SUPPORTS EFFORTS TO DRIVE SYSTEMS CHANGE IN THE SECTORS OF | | | | | |
| HEALTH, EDUCATION AND ECONOMIC OPPORTUNITY, IN AFRICA, ASIA, AND LATIN | | | | | |
| AMERICA. TOGETHER WITH LOCALLY-ROOTED PROGRAM PARTNERS AND ADVISORS, WE | | | | | |
| FORM A GLOBAL COLLABORATIVE THAT ADVANCES INCLUSIVE SYSTEMS CHANGE, | | | | | |
| GENDER EQUALITY, AND WOMEN'S LEADERSHIP THROUGH GRANTMAKING AND | | | | | |
| INFLUENCING PHILANTHROPY. | | | | | |
| | | | | | |
| THROUGH A RANGE OF GRANTS, WE SUPPORT POWERFUL COALITIONS OF ACTORS, | | | | | |
| FROM GRASSROOTS ORGANIZATIONS TO GOVERNMENT, SO THAT A PROVEN APPROACH | | | | | |
| OR IDEA CAN BE ADOPTED AT SCALE. OUR ROLE IS TO SUPPORT THE STRATEGIC | | | | | |
| VISION OF OUR PARTNERS WITHIN THE CONTEXTS IN WHICH THEY LIVE AND | | | | | |
| OPERATE. | | | | | |
| | | | | | |
| THROUGH OUR MODEL FOR COLLABORATIVE PHILANTHROPY, WE BRING TOGETHER | | | | | |
| FUNDERS FROM AROUND THE WORLD TO POOL FUNDING SO THAT WE ARE ABLE TO | | | | | |
| PROVIDE THE LARGER, LONGER-TERM AND MORE FLEXIBLE SUPPORT NEEDED TO | | | | | |
| TRANSFORM SYSTEMS IN A LASTING WAY, WHILE WE PROMOTE A VALUES-ALIGNED | | | | | |
| APPROACH TO FUNDING THAT IS SUPPORTIVE, RATHER THAN DIRECTIVE. | | | | | |
| | | | | | |
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-2408684 CO-IMPACT ALSO PROVIDES NON-GRANT SUPPORT TO THE ORGANIZATIONS WE ARE FUNDING, INCLUDING SUPPORTING ORGANIZATIONAL STRENGTHENING EFFORTS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS: THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES IN EITHER PAPER OR ELECTRONIC FORM FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY: EACH OFFICER, TRUSTEE, AND KEY EMPLOYEE OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY. FORM 990, PART VI, SECTION B, LINE 15: PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING COMPENSATION FOR TOP MANAGEMENT: THE COMPENSATION OF THE FOUNDER AND CEO, OTHER EXECUTIVE STAFF, AND CORPORATE OFFICERS IS DETERMINED BY THE FINANCE AND INVESTMENT COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE RELIES UPON A VARIETY OF INFORMATION TO ARRIVE AT A REASONABLE COMPENSATION PACKAGE COMPARABLE TO THAT PAID BY

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CO-IMPACT PHILANTHROPIC FUNDS, INC. 88-2408684 PEER INSTITUTIONS WORKING GLOBALLY. FACTORS REVIEWED INCLUDE HISTORICAL COMPENSATION LEVELS, PERFORMANCE OBJECTIVES, AND MARKET DATA. THE ORGANIZATION COMMISSIONED COMPENSATION STUDIES IN 2020, 2021, AND 2023 TO ENSURE THAT ITS EXECUTIVES ARE PAID REASONABLE WAGES COMPARED TO ITS PEER INSTITUTIONS IN THE MARKET IN WHICH IT OPERATES. PART VI, SECTION B, LINE 15B: PROCESS OF DETERMINING COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES: FOR ALL OTHER OFFICERS OR KEY EMPLOYEES REPORTED ON THE 990. AND FOR THE FULL STAFF OF CO-IMPACT, COMPENSATION IS ESTABLISHED BY THE FOUNDER AND CEO IN CONJUNCTION WITH OTHER TOP MANAGEMENT IN ACCORDANCE WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY, WHICH CENTERS ON GLOBAL EQUITY; THE ORGANIZATION'S ANNUAL PERFORMANCE AND COMPENSATION REVIEW PROCESS; AND COMPENSATION STUDIES COMMISSIONED IN 2021 AND 2023 COMPARING SALARIES AGAINST PEER INSTITUTIONS IN THE MARKET IN WHICH IT OPERATES. FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF ORGANIZATIONAL DOCUMENTS: THE ORGANIZATION MAKES ITS FORM 990, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND WHISTLEBLOWER POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT WWW.CO-IMPACT.ORG. THE FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG. FORM 990, PART VII, SECTION A: FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2023, A PORTION OF CO-IMPACT'S PAYROLL, INCLUDING THAT OF ALL OF THE INDIVIDUALS REPORTED ON THE FORM 990, WAS PAID BY AN UNRELATED THIRD PARTY SECTION 501(C)(3) ORGANIZATION, NEW VENTURE FUND (NVF). INITIALLY, CO-IMPACT WAS A

Schedule O (Form 990) 2023 Page **2**

| Schedule O (Form 990) 2023 | | Page 2 |
|---|--------------------|---|
| Name of the organization CO-IMPACT PHILANTHROPIC FUNDS, I | NC. | Employer identification number 88-2408684 |
| FISCALLY-SPONSORED PROJECT OF NVF AND IN 2022, CO-IMP | ACT SOUGHT ITS OWN | |
| INDIVIDUAL SECTION 501(C)(3) TAX EXEMPTION, WHICH WAS | GRANTED IN | |
| DECEMBER 2022. PAYROLL FOR CALENDAR YEAR 2023 WAS PAI | D BY NVF THROUGH | |
| MARCH 2023. IN APRIL 2023, CO-IMPACT COMPLETED THE SP | IN-OFF PROCESS | |
| FROM NVF AND BEGAN IMPLEMENTING ITS OWN PAYROLL VIA P | ROFESSIONAL | |
| EMPLOYER ORGANIZATIONS. | | |
| | | |
| FORM 990, PART VII, SECTION B: | | |
| CO-IMPACT ENGAGES INDIVIDUALS AND ORGANIZATIONS FROM | TIME TO TIME TO | |
| PROVIDE SUPPORT TO OUR GRANT RECIPIENTS. THE FEES PAI | D TO MA. KRIZNA | |
| GOMEZ COVERED FEES FOR HER PART-TIME WORK FOR CO-IMPA | CT AS WELL AS | |
| COSTS OF SEVERAL SUBCONTRACTORS AND OF RELATED EXPENS | ES FOR THE DESIGN | |
| AND FACILITATION OF SEVERAL EVENTS AND WORKSHOPS ATTE | NDED BY OUR GRANT | |
| RECIPIENTS. | | |
| | | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | | |
| PRESENT VALUE DISCOUNT ON FUTURE PLEDGES | -7,145,285. | |
| RESCINDED GRANTS | 1,400,944. | |
| ROUNDING ADJUSTMENT | 1. | |
| TOTAL TO FORM 990, PART XI, LINE 9 | -5,744,340. | |
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